



Client Name/Address		Referring Veterinary Practice	
Client Phone Number		Referring Veterinarian	
Patient Name		Phone Number	
Species	Breed	Fax Number for REPORT:	
Sex	Age	Weight (kg)	E-mail
<b>Last Rabies Vaccination:</b>			
<b>Does pet have an infectious disease? If yes, please define:</b>			
Current medications:			
Known allergies/drug reactions:			
PATIENT'S HISTORY (provide detail about other medical conditions, previous surgeries, <u>attach additional information as needed</u> ):			
<b>Goal of Scan:</b>			
<b><u>ULTRASOUND EXAMINATION</u></b>			
<input type="checkbox"/> Abdomen (\$559.50) <input type="checkbox"/> Thorax (\$559.50) <input type="checkbox"/> Other Sm Parts (Specify) (\$353.50) <input type="checkbox"/> M/S (\$353.50)			

**\*\* Hospital Admission Code Status REQUIRED FOR ALL PATIENTS:     GREEN     YELLOW     RED**

**IF NO CODE IS REQUESTED - YELLOW WILL BE ASSIGNED**

Code Status Descriptions:

Green: Surgical Option w/internal chest compressions    Yellow: Drugs, external chest compressions, intubation    Red: DNR